COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 176/61752			
As a belo	As a below named inventor, I hereby declare that:						
My reside	ence, post office address and ci	itizenship are as stated belo	w next to my name.				
	e listed below) of the subject m		for which a patent is sough	inal, first and joint inventor (if plural at on the invention entitled: AL FOLD ANALYSIS			
the specif	fication of which (check only o	one item below):					
[]	is attached hereto.						
[]	was filed as U.S. Patent Ap (if applicable).	plication Serial No.	on	and was amended on			
[X]	was filed as PCT Internatio	nal Application Number PC	CT/US2005/000053 on Jan	nuary 3, 2005.			
	state that I have reviewed and nendment referred to above.	understand the contents of t	he above-identified specifi	cations, including the claims, as amended			
	ledge the duty to disclose infor Federal Regulations, § 1.56(a).		the patentability of this ap	oplication in accordance with Title 37,			
any PCT below any other than	international application(s) de y application(s) for patent or in	signating at least one count eventor's certificate or any l	ry other than the United St PCT international application	s) for patent or inventor's certificate or ates listed below and have also identified ion(s) designating at least one country g date before that of the application(s) of			
PRIOR A	APPLICATION(S) AND ANY	PRIORITY CLAIMS UNI	DER 35 U.S.C. 119:				
(IF	COUNTRY PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119			
	United States	60/533,894	2 January 2004	[X] YES [] NO			
				[]YES[]NO			
				[]YES[]NO			
, , , , , , , , , , , , , , , , , , , ,				[]YES[]NO			
				[]YES[]NO			
				[]YES[]NO			
				[]YES[]NO			
				[]YES[]NO			
1:				[]YES[]NO			

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 176/61752

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S.		STATUS (Check One)			
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	PENDING	ABANDONED
					
PCT APF	PLICATIONS DESIGNA	TING THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/US2005/000053	3 January 2005			X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the following customer number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. 26774

Send Correspondence to:

26774

Direct telephone calls to:

Edwin F. Merkel (585) 263-1128

1				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME MILLER	FIRST GIVEN NAME	SECOND GIVEN NAME
	OF INVENTOR	MILLER	Benjamin	L.
	RESIDENCE &	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Penfield	New York	United States
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		17 Rolling Meadows Way	Penfield	New York 14526, USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		STROHSAHL	Christopher	М.
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Saugerties	New York	United States
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		P.O. Box 353	Saugerties	New York 12477
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
UNSIGNED	UNSIGNED	-
DATE	DATE	DATE